

POSITION	ID NO.	DATE
CLASSIFIER	20	10/19/94
EXAMINER	287	12/20
TYPIST	513	2/25/95
VERIFIER	323	3/3
CORPS CURR.		
SPEC. HAND	445	2-21-95
FILE MAINT.	434	12-21
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	
Original	
045	10/15/94
071	10/23/94
075	10/27/94
085	11/01/94
095	11/01/94
101	11/01/94
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SYMBOLS

✓	Rejected
=	(Through number) Allowed
-	Canceled
*	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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